



AGING AND DISABILITY SERVICES ADMINISTRATION
DECLARATION OF THE OBRA PROGRAM DIRECTOR (NATCEP)

I, _____, Program Director for _____ certify that I have read and understand the responsibilities of program director in an approved program.

I further certify that I will develop and implement a curriculum that meets the requirements of 42CFR483.152 and assume compliance with and assume responsibility for all regulations as stipulated in 42CFR483.152.

I will directly supervise each course offering. Instructional staff may assist in development of curriculum, teaching modalities, and evaluation but will in all cases be under my supervision. I will determine the amount of time required in the curriculum to achieve the objectives, which will lead to the attainment of knowledge and skills required for the graduate to demonstrate mastery of the core competencies nursing assistants must hold. I will create and maintain an environment conducive to teaching and learning. I will select and supervise all other instructors involved in the course, to include clinical instructors. I will assure that students are not asked to, nor allowed to, perform any clinical skill with patients or clients until first demonstrating the skill satisfactorily to an instructor in a practice setting. I will assure evaluation of competency of knowledge and skills of students before issuance of verification of completion of the course. I will assure that students receive a verification of completion when requirements of the course have been satisfactorily met.

I agree to comply with any future changes in education standards and guidelines in order to maintain approved status. I certify that I will notify the Department of Social and Health Services of any changes in overall curriculum plan or major curriculum content changes prior to implementation. I will also notify the Department of Social and Health Services within 72 hours when I am no longer the program director as listed on this application.

I also agree to any on-site survey of the training program as requested by the Department of Social and Health Services.

SIGNATURE

DATE